

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>	<i>Par</i>	6704	3/25/00
<b>O.I.P.E. CLASSIFIER</b>	<i>MTW</i>	5A	04-01-00
<b>FORMALITY REVIEW</b>		<i>Exhibit</i>	5-24-00
<b>RESPONSE FORMALITY REVIEW</b>			

**INDEX OF CLAIMS**

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final	Original
1	<i>Approved 4/6/00</i>
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3	
4	✓
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6	✓
7	✓
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Claim	Date
Final	Original
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Claim	Date
Final	Original
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If more than 150 claims or 10 actions  
staple additional sheet here

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